



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET**CONFIRMATION NO. 1310**

Bib Data Sheet

SERIAL NUMBER 08/975,982	FILING DATE 11/21/1997 RULE	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. 989.6442
-----------------------------	---------------------------------------	--------------	------------------------	------------------------------------

APPLICANTS

MARTINE CERUTTI, ST. CHRISTOLES-ALES, FRANCE;

HASSAN CHAABIHI, ALES, FRANCE;

GERARD DEVAUCHELLE, ST. CHRISTOLES-ALES, FRANCE; LAURENT GAUTHIER, ALES, FRANCE;

MICHEL KACZOREK, MONTFERRIER, FRANCE;

MARIE-PAULE LEFRANC, CLAPIERS, FRANCE;

MARIE-ALIX POUL, MONTPELLIER, FRANCE;

**** CONTINUING DATA *******

This application is a CON of 08/807,864 02/26/1997 ABN

which is a CON of PCT/FR95/00110 01/31/1994

← should be 01/31/1995

**** FOREIGN APPLICATIONS *******

FRANCE 94/01015 01/31/1994

**** SMALL ENTITY ****

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>David J. [Signature]</i> Examiner's Signature	<i>dz</i> Initials			

ADDRESS

35811

IP DEPARTMENT OF PIPER RUDNICK LLP

ONE LIBERTY PLACE, SUITE 4900

1650 MARKET ST

PHILADELPHIA, PA

19103

TITLE

RECOMBINANT BACULOVIRUS AND USE THEREOF IN THE PRODUCTION OF MONOCLONAL ANTIBODIES

FILING FEE RECEIVED 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit